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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/851,030
	Filing Date	May 7, 2001
	First Named Inventor	Michael CRISTOFALO
	Art Unit	2623
	Examiner Name	K. O. T. Bui
	Attorney Docket Number	559442004300

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number 25227 and/or 43997

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)(4).

#### CORRESPONDENCE ADDRESS

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

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OR

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.